

understand what is happening. When ESP experiences are no longer felt as a threat, the activation of internal resources during therapy allow the patient to mitigate or overcome resistances, actualizing his tendency towards recovery.

The purpose of this paper is to expand the traditional concept of the individual vs. environment, taking into account the possibility of other levels of reality which can interact with the individual. It is not our intention to substitute today's psychotherapeutic knowledge - but only to add to it another dimension, aiming at a holistic understanding of the patient and his reality, as well as his recovery.

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CLINICAL PSYCHOLOGY AND LEVELS OF REALITY: PART II - ESP AS AN AID TO PSYCHOTHERAPY IN SOME PSYCHOLOGICAL DISORDERS

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Abstract: The authors discuss the interactions between other levels of reality and ours in cases involving patients with psychological disorders of various kinds. Trained sensitives were used in this study and often manifested extraneous personalities (named theta agents by the authors), and who were involved with the patients. A description is made of the theta agents observed and their interaction with the patients. Removal of theta agents by means of certain procedures is followed by an improvement in the patients' condition. This approach combined with traditional psychotherapy opens up new possibilities for patients whose prognosis of recovery is remote or dependent on extensive psychotherapy.

Introduction

In 1977, at the III International Conference on Psychotronic Research in Tokyo, we presented a paper discussing the possibility of influencing at a distance people with various types of psychological disorders, aiming at relieving or removing the symptoms experienced. After experimenting during three years, we had come to the conclusion that this could be done. However, we also found out that extraneous personalities to the members of the group in some cases manifested themselves, suggesting an interrelation between psychological disorders of some patients and the influence of these personalities - which we named "theta agents". Also in this paper, we described the types of theta agents we came across, as well as the improvements and relapses observed in patients as we worked with these agents. The subjects selected for our sample did not know that they were being focused by the group, were not undergoing psychotherapy and had been showing certain symptoms for more than a year.

The purpose of this paper is to take up these aspects and extend them based on observations made during the last two years.

Working Hypothesis

Our observations, as pointed out in our paper "ESP as a Component in Some Psychological Disorders", which is being presented at this conference, led us to consider that there might be another level of reality, unperceived by our senses, but which could interact with the individual. Apparently, besides the classical interaction between individual vs. environment, there could be a third one that we could call "spiritual". "Spiritual" is probably not the best word

to describe this additional interaction due to its religious **ling** with these entities, we noticed that they usually become connotations. However, as we lack a more neutral word, we are **in** a certain dramatic moment of their lives. They may maintain it.

On the other hand, the hypothesis of the existence of other ~~kind~~ ^{of} an accident or quarrel of reality is supported by observations made by other researchers. a) the pioneers of the Society for Psychological Research of London agents induced to harm patients by means of black b) the early French metapsychists; c) the studies carried out ~~are~~ ^{have} aware of their condition Stevenson, Osiris, Leshan, Tart, Moody and others; d) Modern phantasmagoric services in certain places or places

This mass of information cannot be disregarded under the claim *mercenary*, i.e., do what they have contracted to do, depending on the experiences are the outcome of fraud, mysticism, primitivism that they receive by means of black magic procedures collective hallucination, or other labels one might want to use in order to accomplish their objectives, they might also use this because the facts have been observed and confirmed by marines unaware that they are dead.

Method of Work

As we described in 1977, our work is done by a group of people which are sensitivities. These meet once a week with the objective of practicing absent healing or healing of patients present at such meetings. The patients are persons with psychological disturbances of various kinds. For the past two years we eliminated distant experimental control, because our observations showed that the subject was unaware of the treatment significant alteration occurred in his behaviour. This eliminated the hypothesis of suggestion. We use sensitivities in this work because presently the "spiritual" level previously mentioned is only accessible through sensitives, i.e., people that have ESP faculty.

[redacted] Agents that intentionally try to harm patients may be aware or unaware that they have died [redacted] intention of harming is due to revenge personally involved, as they feel they have been victimized by

[redacted] ent
[redacted] agent
[redacted] an entity of this type is not harming the patient emotionally; he remains at his side, claiming to love him
[redacted] it's agents that share and enjoy patients' activities
[redacted] They may be aware or unaware that they have died
[redacted] interaction with patients might become symbiotic
[redacted] diagnosis is directly related to the pleasure obtained in the

Theta Agents

During the treatment of certain patients, we came across extrapersonal mechanism of interaction between a theta agent and a patient personalities. These we named "theta agents", because the client one-sided as it might seem. In most cases observed it was stances in which they manifested themselves led us to conclude that to detect a feedback mechanism between the two sides. They were deceased persons.

Based on our observations we found four types of theta agents: a) theta agents unaware that they have died; b) theta agents led by an agent in another level of reality - the theta harm patients by means of black magic; c) theta agents that order - we are not necessarily saying that they are the cause of harm patients try to harm the patient; d) theta agents sharing and enjoying patients' activities. The individual himself, due to his particular nature, is predisposed - open - to the influence exerted by the theta agents.

These four categories were reported in 1977 and, up to now, not found in the patient's physical and perceptible environment types have been found. The classification is based on our observations. These categories are not mutually exclusive; sometimes lesion appear in a combined form.

a) Theta agents unaware that they have died - They usually manifest a state of mental confusion, presenting two or more of the following characteristics:

- they do not know where they are or what is happening to them
- they feel that they are in total darkness
- complain about physical pains
- are apathetic and feel weak, tired or drowsy
- complain about existential situations
- worry about or look for their family, but are unable to find it
- complain about difficulties in contacting people, who act as if they did not notice their presence.

b) Theta agents aware that they have died - They usually manifest a state of mental confusion, presenting two or more of the following characteristics:

- they do not know where they are or what is happening to them
- they feel that they are in total darkness
- complain about physical pains
- are apathetic and feel weak, tired or drowsy
- complain about existential situations
- worry about or look for their family, but are unable to find it
- complain about difficulties in contacting people, who act as if they did not notice their presence.

Ita agents that intentionally try to harm patients may be aware or unaware that they have died. The action of harming is due to revenge. Personally involved, as they feel they have been victimized by the agent.

It sometimes an entity of this type is not harming the patient intentionally; he remains at his side, claiming to love him and protect him.

Ita agents that share and enjoy patients' activities

It may be aware or unaware that they have died. If interaction with patients might become symbiotic, it is directly related to the pleasure obtained in the interaction, i.e., they are interested in the pleasure provided the patient and not, in the patient himself.

Mechanism of interaction between a theta agent and a patient is one-sided as it might seem. In most cases observed it was able to detect a feedback mechanism between the two sides.

Important to note that when we state that some persons may be influenced by an agent in another level of reality - the theta level - we are not necessarily saying that they are the cause of the disorder. The individual himself, due to his particular nature, is predisposed - open - to the influence exerted by the theta. As to the factor that triggers the whole process, it is not found in the patient's physical and perceptible environment. It may also be a combination of both.

Session

Opting for the theta agent hypothesis, we analysed several alternatives that might explain our observations. The following hypotheses have been eliminated: 1) simulation of trance; 2) semi-consciousness; 3) coincidental improvement of the patient; 4) suggestion on part of the patient; 5) telepathy; 6) clairvoyance; 7) "this-world ESP" (as described by Price)

Hypotheses were analysed in relation to three types of agent:

1) Patients that were unaware that they were given absent healing

2) Patients that knew that they were being given absent healing

c) with patients that were being treated in the presence of living with these entities, we noticed that they usually become

Concerning "A": alternatives 1 and 2 are eliminated when pat. of an accident or quarrel unaware of absent healing. The sensitives' perceptions could not motivate to go on living and talk about suicide with patients' mental and/or physical states and a significant improvement was observed. Coincidental improvement alone (3) is not explain the many cases observed during these years, some are aware of their condition chronic symptoms. Improvement due to autosuggestion (4) can rendering services in certain place or places eliminated as the patients did not know that they were being healed by absent healing. As to alternatives 5, 6 and 7, it is nature's way, i.e., do what they have contracted to do, depending sensitives to obtain information by telepathy, clairvoyance that they receive by means of black magic procedures "world ESP". However, what we are reporting here is that a ~~group~~ ^{patient} to accomplish their objectives, they might also use improvement occurred in patients that had been presenting ~~patients~~ ^{patients} unaware that they are dead. logical disorders. The mere perception by the sensitives of ~~not~~ ^{not} emotionally involved with the patient emotional states or symptoms by means of telepathy, clairvoyance or "this-world ESP" would not have removed them. Improvement ~~the~~ ^{the} agents that intentionally try to harm patients happened after our work with the theta agent or agents involved ~~may~~ ^{may} be aware or unaware that they have died the case.

Concerning "B" and "C": After the above discussion the only entity involved, as they feel they have been victimized by that might be said is that patients improve due to autossuggestion an entity of this type is not harming the patient. However, when the patient does not know he is being treated emotionally; he remains at his side, claiming to love him. If it improves, autossuggestion is eliminated. When patients are aware of the absent healing autossuggestion cannot be totally agents that share and enjoy patients' activities may be aware or unaware that they have died interaction with patients might become symbiotic factors responsible for his improvement.

Conclusion:

Our experience leads us to take into account in a more extensive manner the patient and not in the patient himself the individual vs. environment. We have noticed that environmental influences can be twofold: a) originating from the environment, perceived through physical senses and b) originating from another level of reality suggested by the presence of theta agents manifest through sensitivities. In view of this and according to our experience, treatment should be applied on two levels: psychotherapeutic and "spiritual". It is important to note that when we state that some persons may be influenced by an agent in another level of reality - the theta

The success of this latter type of therapy depends on the patient's predisposition - open - to the influence exerted by the theta factors and variables that also intervene in traditional therapies. The acceptance of another level or reality helps to understand the patient's reality more holistically, as one level complementing the other. This approach, however, should not be considered a midway of healing. For example, if a theta agent that has been inducing a patient for some time is removed, its removal does always cause the immediate elimination of the effects, because of his maladjustment, the patient himself has thrown up defences that might explain our observations. The following deal with his own problems. That is why psychotherapy is basically based on the elimination of these defences have been eliminated: 1) simulation of trance; 2) sensiti-

This type of treatment.

It is also important to emphasise that when using this type of suggestion on part of the patient; 5) telepathy; 6) clairvoyance; 7) "this-world ESP" (as described by Price) next to a sensitive, the psychotherapist should know his path hypotheses were analysed in relation to three types of very well, be aware of his internal resources, and should also evaluate the prognosis of a traditional treatment.

(C) with patients that were being treated in the presence of sensitives

Concerning "A": alternatives 1 and 2 are eliminated when patients are unaware of absent healing. The sensitives' perceptions coincide with patients' mental and/or physical states and a significant improvement was observed. Coincidental improvement alone (3) does not explain the many cases observed during these years, some of which are chronic symptoms. Improvement due to autosuggestion (4) can be eliminated as the patients did not know that they were being treated by absent healing. As to alternatives 5, 6 and 7, it is natural that sensitives to obtain information by telepathy, clairvoyance, or "this-world ESP". However, what we are reporting here is that a significant improvement occurred in patients that had been presenting psychological disorders. The mere perception by the sensitives of emotional states or symptoms by means of telepathy, clairvoyance, or "this-world ESP" would not have removed them. Improvement happened after our work with the theta agent or agents involved in the case.

Concerning "B" and "C": After the above discussion the only factor that might be said is that patients improve due to autosuggestion. However, when the patient does not know he is being treated still improves, autosuggestion is eliminated. When patients are aware of the absent healing autosuggestion cannot be totally eliminated, but it would be only one single component of a group of factors responsible for his improvement.

Conclusion:

Our experience leads us to take into account in a more extended way the individual vs. environment. We have noticed that environmental influences can be twofold: a) originating from the environment received through physical senses and b) originating from another of reality suggested by the presence of theta agents manifested through sensitives. In view of this and according to our experience, treatment should be applied on two levels: psychoterapeutic and "spiritual".

The success of this latter type of therapy depends on the same factors and variables that also intervene in traditional therapy. The acceptance of another level or reality helps to understand the patient's reality more holistically, as one level complements the other. This approach, however, should not be considered a modification of healing. For example, if a theta agent that has been inducing a patient for some time is removed, its removal does not always cause the immediate elimination of the effects, because to his maladjustment, the patient himself has thrown up defenses to deal with his own problems. That is why psychotherapy is based on this type of treatment.

It is also important to emphasize that when using this type of approach as an aid to psychotherapy and before placing the patient next to a sensitive, the psychotherapist should know his patient very well, be aware of his internal resources, and should also carefully evaluate the prognosis of a traditional treatment.

any type of treatment, the patient's active participation towards his recovery. He has to be made aware of his ability for what is happening, so that he can avoid tuning theta agents that may trigger or aggravate his maladjustment.

absolute or relative success of this combined therapy depends, in addition to traditional psychotherapy, on the patient's age, the length of maladjustment, his internal resources, environment, etc. This treatment can be applied at a distance or in the patient's presence. The number of weekly psychotherapeutic sessions influence the results, intervals between such "spiritual" treatment can also be the end result. Balance between these two types of therapy therefore, also be evaluated in each case.

A percentage of this combined approach is that it opens up new possibilities for patients whose prognosis of recovery are remote or dependent on extensive psychotherapy. Therefore, it is not only indicated in cases where traditional psychotherapy alone can be applied.

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